

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002950

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No. _____

Registrar's No. 4

FILED JAN 24 1963

VS 300 Rev. 4/59	DATE AMENDED
0860	
0860	
3	
4 0	
5 1	
6	
7 0	
8 2	
9 20.1	
10	
11	
12 90.2	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-ELM IMP</u>		c. CITY OR TOWN <u>Rural-ELM IMP</u>	
Length of stay in 1b <u>4 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WORTHINGTON</u>		d. STREET ADDRESS (If outside, give location) <u>WORTHINGTON</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>GLen</u> Middle <u>DAVIS</u> Last <u>CAPPS</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>14</u> Year <u>63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>ELMER, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>JEFFERSON CAPPS</u>		13b. MOTHER'S MAIDEN NAME <u>IRIS COLLINS</u>	
14. NAME OF HUSBAND OR WIFE <u>ALICE CAPPS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>MO</u> <u>ALICE CAPPS - WORTHINGTON</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Crossing Thrombus</u> DUE TO (c) <u>Crossing Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Epilepsy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>10 min.</u> <u>2 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8/33/50</u> to <u>1/14/63</u> and last saw him alive on <u>1/2/63</u> a Death occurred at <u>9:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edmund M. Roberts M.D.</u>		22b. ADDRESS <u>Queen City, Mo.</u>	
22c. DATE SIGNED <u>1/15/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>A</u>		23b. DATE <u>1-16-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>LONG PINE CEM. - PUTNAM CO MO</u>		23d. LOCATION (City, town, or county) (State) <u>Putnam Co MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ed. Husted & Son Unionville MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-63</u>	
26. REGISTRAR'S SIGNATURE <u>Marvyn Durbin</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Murl E. Husted

Licensed Embalmer No.

3304

P. O. Address

Unionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.